



Vacation Bible School

E & R Church Medical/Photo Release

Please turn into the Church office or Mary Ann Proffitt on or before the day VBS 2024 begins.

1) Child's Name: _____

2) Child's Name: _____

3) Child's Name: _____

4) Child's Name: _____

Medical Conditions Please note any medical condition(s) and/or medication needs, etc. that we should be aware of:

Child 1) _____

Child 2) _____

Child 3) _____

Child 4) _____

Medical Release: I, _____, being the parent/legal guardian & having legal custody of the child/ren (minor/s) named above, do hereby consent to said child/ren participating in activities of E&R UCC of Waukesha. I do hereby release, discharge & exonerate E&R UCC of Waukesha & all persons acting as teachers or sponsors on said activities from any liability whatsoever resulting from personal injury to said minor(s) or damage to property of said minor(s) which may occur at said activities or connection therewith.

I do hereby assume full responsibility & liability for any acts committed by said minor(s) during activities related thereto resulting in injury or damage to the property of another.

I do hereby acknowledge that I understand that this release is being relied upon by E&R UCC of Waukesha & teachers or sponsors accompanying the children during said activities & without this instrument being executed by me, said minor(s) would not be permitted to attend nor engage in activities related thereto.

Parent/Guardian Signature: _____ Date: _____

Phone # to be reached at during VBS: _____

Photo Release (permission granted to photograph/video & release images of above named child/ren to be used on E & R church website, Facebook page &/or during worship services):

✓ Yes _____ Please initial